

1

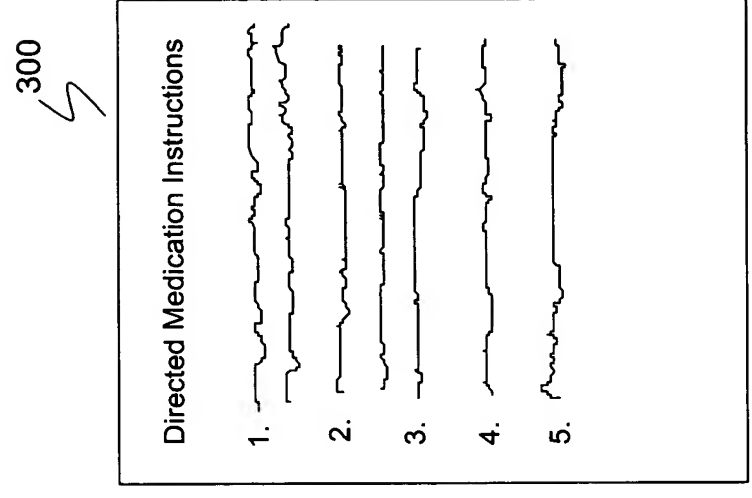
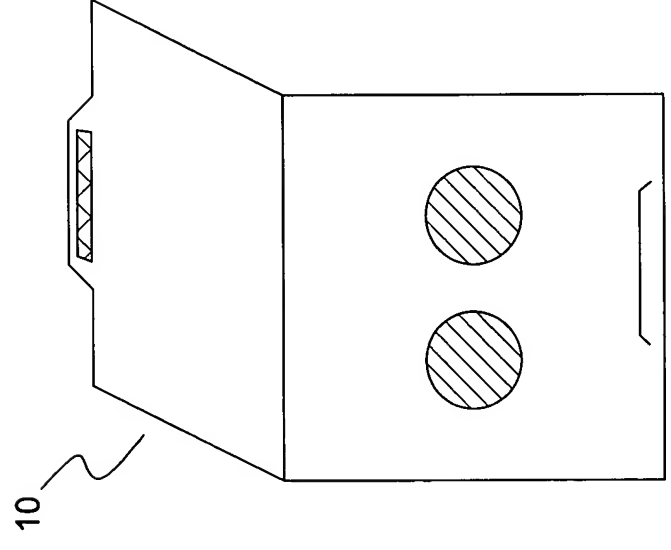


Fig. 1

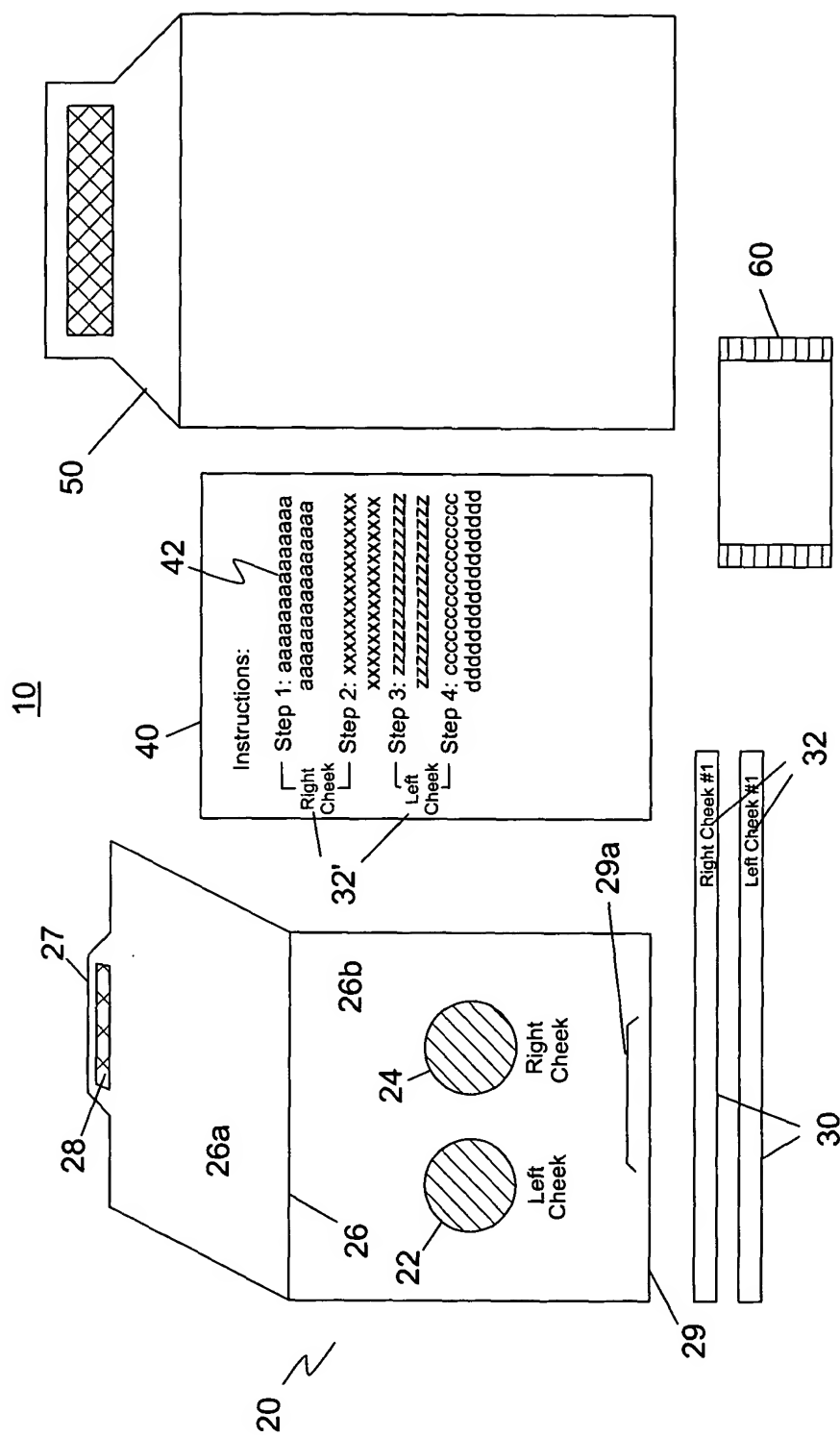


Fig. 2

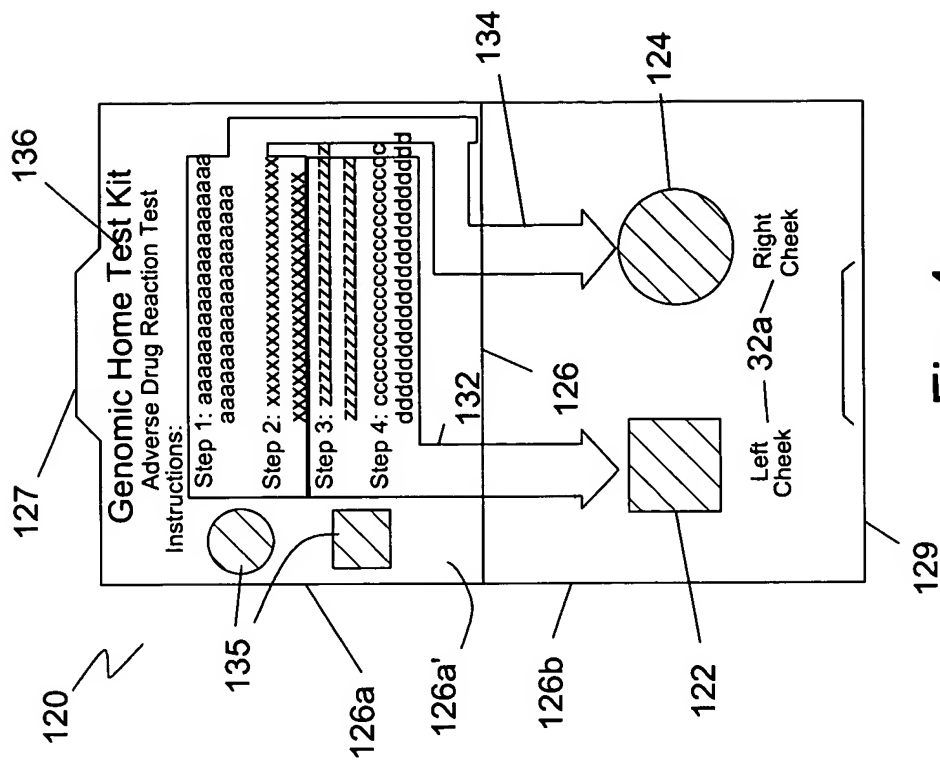


Fig. 4

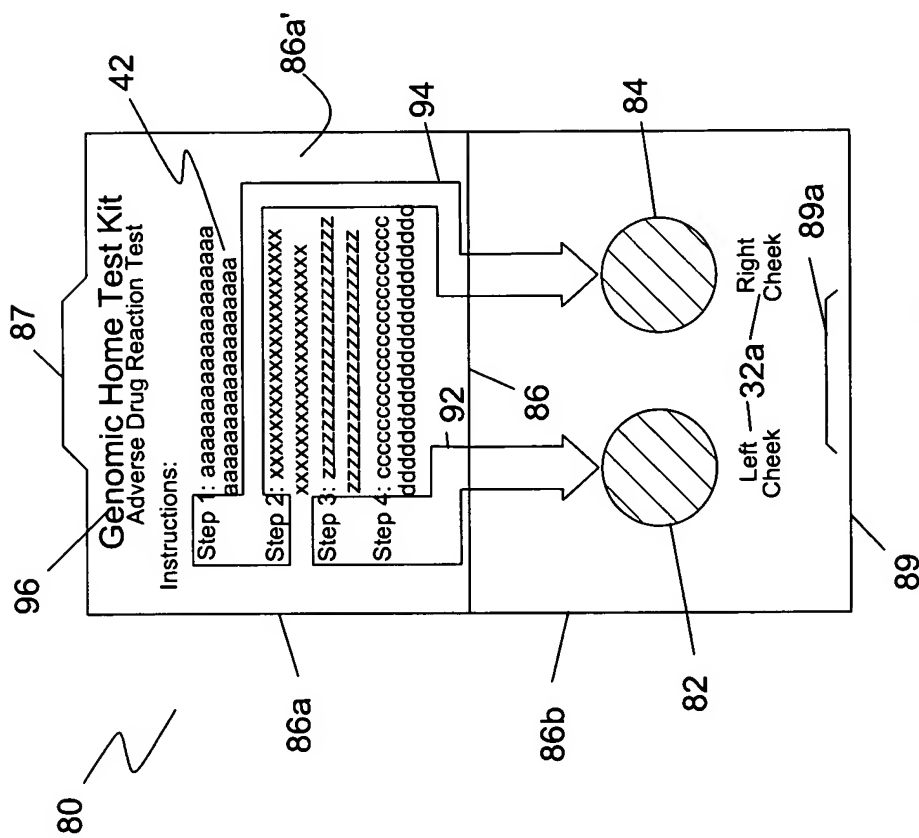


Fig. 3

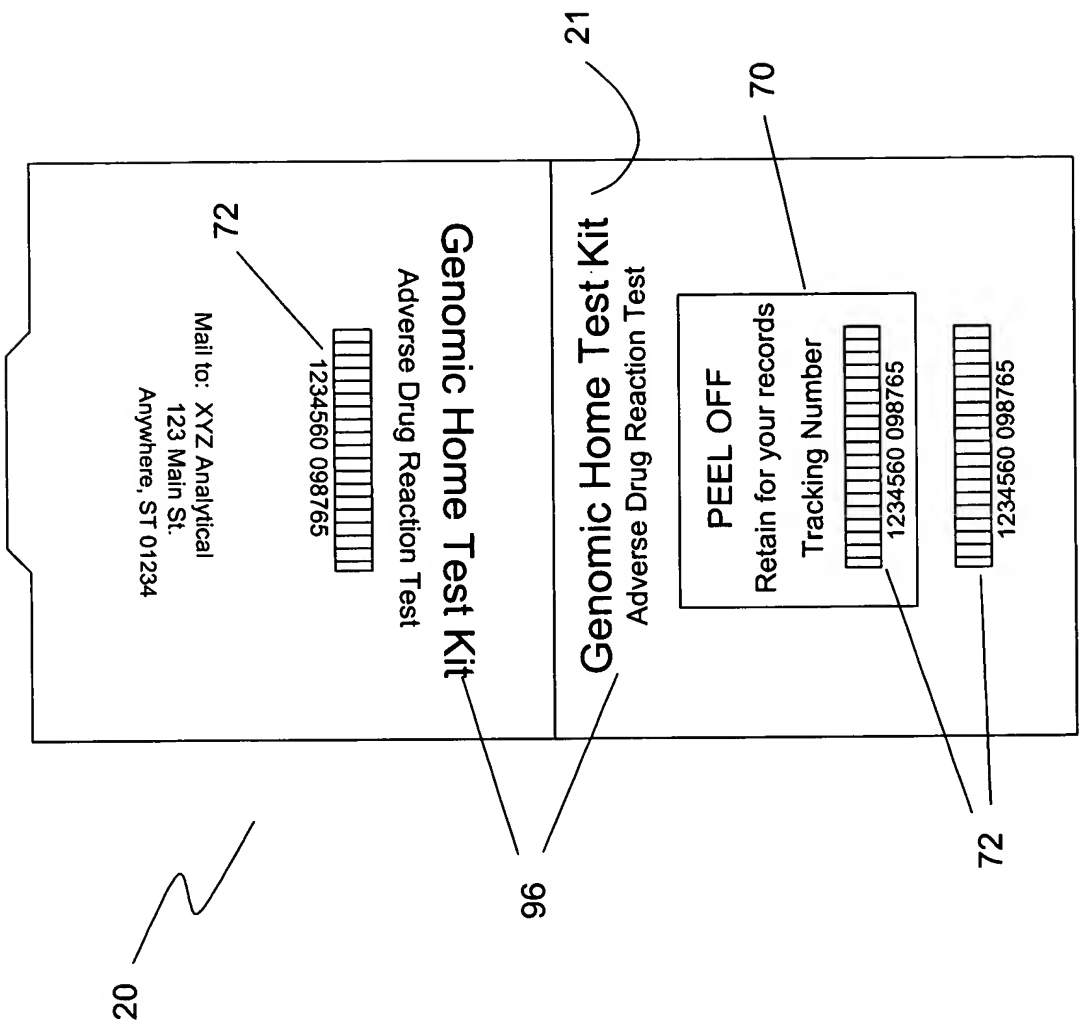


Fig. 5

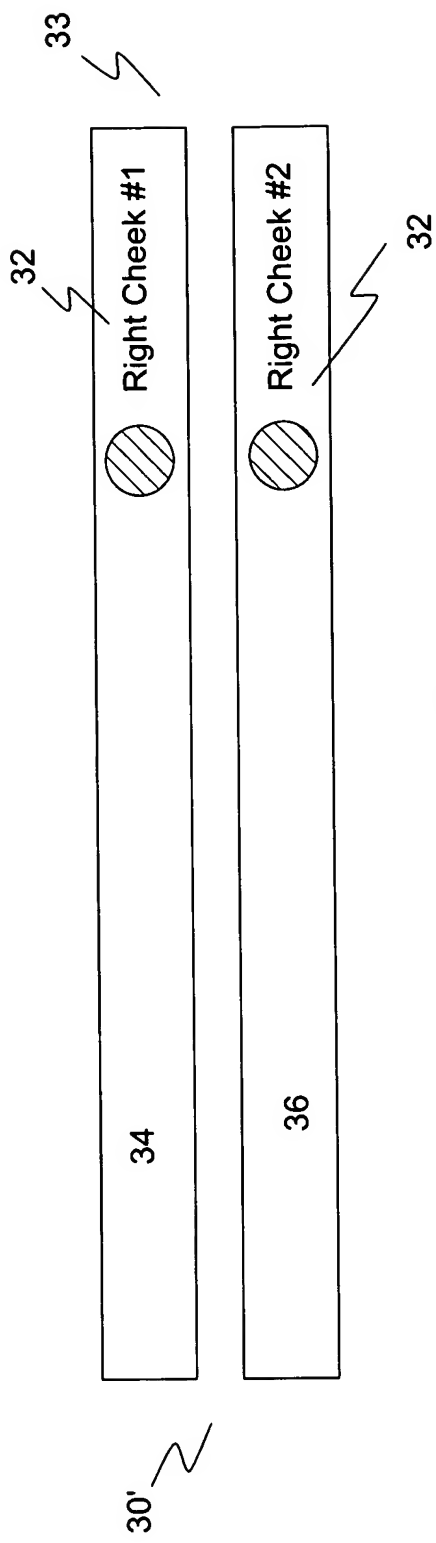


Fig. 6A

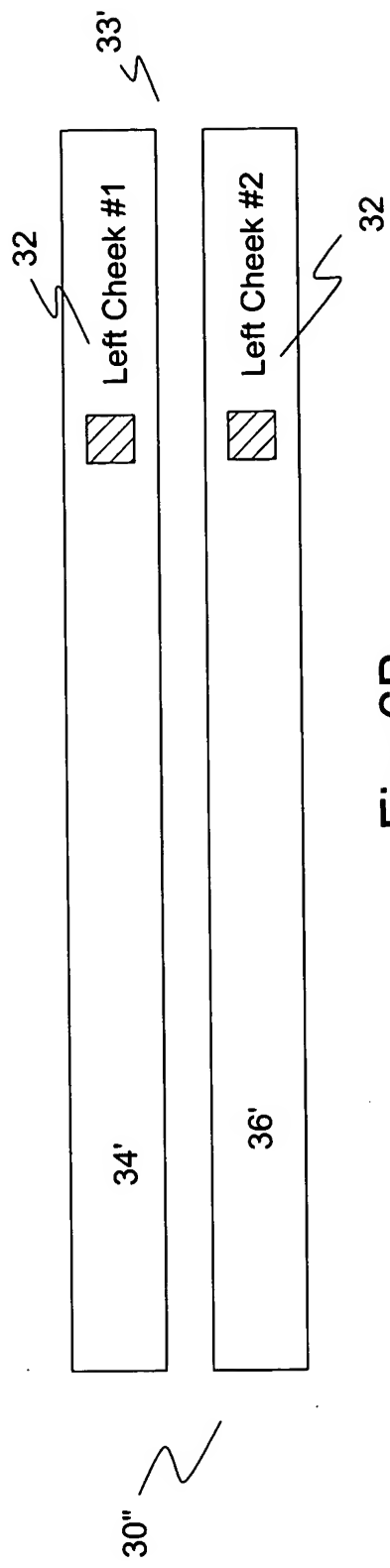


Fig. 6B

300

302

Drug Metabolism Directed Medication Instructions

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

1. xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

2. yyyyyyyyyyyyyyyyyyyyyyyy

yyyyyyyyyyyyyyyyyyyyyyyy

304

306

Fig. 7

340

342

Dr. xyzabcpqrst

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

344

Dispense xxxxxxxxxxxxxxxxxxxx ONLY IF

yyyyy zzzzz xxxxxxxxxxxxxxxxxxxx

xxxxxxxxxx, MD

Fig. 8

Drr. Xyzabcpqrst	
Name: _____	Date: _____
Address: _____	
This medication is ONLY to be dispensed after the results of the drug metabolism test have been received.	
If test result is:	
346a _____	Positive: dispense xxxxxxxx
346b _____	Mid-positive: dispense yyyyyy
346c _____	Negative: dispense zzzzzz or call MD
xxxxxxxxxx, MD	

Drr. Xyzabcpqrst  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 This medication is ONLY to be dispensed  
 after the results of the drug metabolism  
 test have been received.  
 If test result is:  
 Positive: dispense xxxxxxxx  
 \_\_\_\_\_  
 xxxxxxxxxxxx, MD

346b'

Dr. Xyzabcqrst

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

This medication is ONLY to be dispensed  
after the results of the drug metabolism  
test have been received.  
If test result is:  
Mid-Positive: dispense yyyyyy

xxxxxxxxxx, MD

346c' 3

Dr. Xyzabcqqrst

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

This medication is ONLY to be dispensed  
after the results of the drug metabolism  
test have been received.

If test result is:  
Negative: dispense zzzzzzzz or call MD

xxxxxxxxxx, MD

**Fig. 9A**

**Fig. 9B**

Drr. Xyzabcpqrst

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Dispense: xxxxxxxxxx

Do not dispense more than 1 dosage unit

Do not refill

\_\_\_\_\_  
xxxxxxx, MD

350

Fig. 10

Drr. Xyzabcpqrst

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

This medication is ONLY to be dispensed  
after the results of the drug metabolism  
test have been received.

If test result is:

346a Positive: dispense xxxxxx

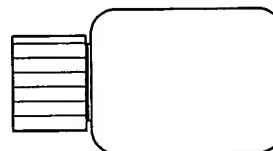
346b Mid-positive: dispense yyyy

346c Negative: dispense zzzzz or call MD

\_\_\_\_\_  
xxxxxxx, MD

340

344



350'

Fig. 11